



**DEPARTMENT OF MENTAL HEALTH, MENTAL RETARDATION AND  
SUBSTANCE ABUSE SERVICES (DMHMRSAS)**

**GUIDANCE BULLETIN No. 2007-01**

**ISSUE DATE: APRIL 16, 2007**

**TITLE:** MEDICAID DOCUMENTATION TO SUPPORT REIMBURSEMENT FOR INTEGRATED TREATMENT OF CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS IN COMMUNITY MENTAL HEALTH REHABILITATION SERVICES.

☒ [x] ADVISORY (BEST PRACTICES)

☐ [ ] MANDATE (REQUIREMENT)

**RECIPIENTS:**

- Community Service Boards (CSBs) and Behavioral Health Authorities (BHAs) - Executive Directors, Clinical Managers, Administrative Managers, and Managers of Mental Health and Substance Abuse and Reimbursement
- Virginia Association of Community Service Boards (VACSB)
- Department of Medical Assistance Services (DMAS)

**PURPOSE:** To clarify when integrated treatment for substance use disorders (SUDs), or substance abuse (SA) provided in the context of treatment for a diagnosed mental illness, can be reimbursed by Medicaid.

**BACKGROUND:** Research has demonstrated the need for and efficacy of integrated MH/SA treatment to address the needs of consumers with Mental Health Disorders complicated by Substance Use Disorders (SUDs). [See Appendix A: Summary of SAMHSA, Center for Mental Health, Evidence-Based Practice of Integrated Dual Disorders Treatment (IDDT).] While Virginia's Medicaid State Plan does not include separate Substance Abuse (SA) services, except day and residential treatment services for pregnant and postpartum women, this clarification gives guidance on when Medicaid funds will reimburse for SA services within mental health services. Providing integrated mental health and substance use services is the standard of care and the expectation for these consumers. Integrated treatment minimizes the severity of symptoms and promotes recovery.

**DMHMRSAS POLICY:** Consumers who present with co-occurring mental health and substance abuse disorders will be provided integrated services, which will include indicated treatment components to address both their mental health needs and substance use disorders. Clinicians will collaborate with consumers to develop an individualized treatment plan for both substance use disorders and mental illness. [Policy 1015 (SYS) 86-22 Services for Individuals with Co-Occurring Disorders, State Mental Health, Mental Retardation and Substance Abuse Services Board, Department of Mental Health, Mental Retardation and Substance Abuse Services].

## **DEPARTMENT OF MEDICAL ASSISTANCE SERVICES (DMAS) PROVIDER MANUAL**

**REVISION:** DMAS supports the evidence-based practice of providing integrated treatment for persons with a Mental Health Disorder complicated by a Substance Use Disorder. DMAS has revised the Community Mental Health Rehabilitation Services Manual to clarify the existing policy that integrated care services are eligible for reimbursement (Chapter IV). DMAS has also revised the Mental Health Clinic Provider Manual to explicitly include, under Non-Covered Psychiatric Services, “Substance abuse services *without a co-occurring mental illness*” [emphasis added] to clarify the policy supporting integrated care for Clinic services (Chapter IV).

DMAS has reviewed this bulletin as well as the attached documentation samples that are provided as examples. Service provision and Medicaid billing should be conducted using the information in this Guidance Bulletin effective immediately. If further clarification of these requirements is desired, please contact the DMAS Provider Helpline (800-552-8627 or 804-786-6273).

## **COMMUNITY MENTAL HEALTH REHABILITATIVE PROVIDER MANUAL CHANGES:**

DMAS revised Chapter IV (Covered Services and Limitations) of the Community Mental Health Rehabilitation Provider Manual to clarify that integrated treatment is allowed if the individual has co-occurring mental health and substance abuse disorders. Components of the mental health treatment can and should include substance abuse treatment, “as long as the treatment for the substance abuse condition is intended to positively impact the mental health condition. The impact of the substance abuse condition on the mental health condition must be documented in the assessment, the ISP, and the progress notes” (Community Mental Health Rehabilitation Provider Manual, Chapter IV, Covered Services and Limitations, p. 4.). Please refer to the manual revision for specific language. The manual is found online at [http://www.dmas.virginia.gov/prm-provider\\_manuals.htm](http://www.dmas.virginia.gov/prm-provider_manuals.htm).

The CMHR Provider Manual covers the following services and this revised integrated treatment language will be used for each (page numbers included for reference):

- Intensive In-Home Services for Children and Adolescents (H2012)
- Therapeutic Day Treatment For Children And Adolescents (H0035 Modifier HA)
- Community-Based Residential Services for Children and Adolescents under 21 (Level A)
- Therapeutic Behavioral Services (Level B)
- Day Treatment/Partial Hospitalization (H0035 Modifier HB)
- Psychosocial Rehabilitation (H2017)
- Crisis Intervention (H0036)
- Intensive Community Treatment (H0039)
- Crisis Stabilization (H2019)
- Mental Health Support (H0046)
- Mental Health Case Management (H0023)

It is critical to note that Virginia Medicaid reimbursement is currently available for the treatment of Mental Health Disorders. Except for pregnant women participating in qualified residential or day treatment services, treatment for Substance Use Disorders is not eligible for reimbursement in the absence of a qualifying Mental Health Disorder. To be eligible for reimbursement within the context of a Mental Health Disorder, treatment for substance use disorders must be conducted as a component of

integrated treatment with the ultimate goal of “positively impacting the mental health condition.” The intended healing effect of treatment for substance use disorders on the consumer’s mental health condition should not be assumed: *the relationship must be explicitly documented in the assessment, ISP, and the progress notes.* The service/treatment plan should include other treatment components for the mental health disorder. The service provided must be a service to which the consumer has already been admitted; the time used for counseling on substance use disorder issues within this mental health service is reimbursable by Medicaid. Therefore, billing codes for these services will not be different from those already in use.

**APPENDIX A:**  
**SAMHSA INFORMATION FOR EVIDENCE-BASED PRACTICE FOR CO-OCCURRING  
DISORDERS: INTEGRATED DUAL DISORDERS TREATMENT**

**DUAL DISORDERS ARE COMMON.** More than half of the adults with severe mental illness in public mental health systems are further impaired by the presence of co-occurring substance use disorders (abuse or dependence related to alcohol or other drugs).

**CONSUMERS WITH DUAL DISORDERS ARE AT HIGH RISK.** Consumers are at risk for negative outcomes, including hospitalization, overdose, violence, legal problems, homelessness, victimization, HIV infection, and hepatitis.

**POOR TREATMENT FOR DUAL DISORDERS IS EXPENSIVE.** Often people with dual disorders have been forced into a parallel method of treatment, where substance abuse treatment was provided separately and independently of treatment for mental illness. This has proven to be an ineffective method of treatment. Additionally, mental health systems spend most of their resources on a small percentage of individuals with difficult problems, often consumers with dual disorders. Mental health services for these consumers cost, on average, nearly twice as much as for consumers with single disorders.

**INTEGRATED TREATMENT WORKS.** Consumers with dual disorders have high rates of recovery when provided integrated dual disorders treatment, which means combining mental health and substance abuse treatments within the same system of care. Integrated treatment leads to dual recovery and reduces costs.

**EFFECTIVE INTEGRATED TREATMENT INVOLVES THE FOLLOWING:**

**KNOWLEDGE ABOUT ALCOHOL AND DRUG USE, AS WELL AS MENTAL ILLNESSES.** Clinicians will assist consumers in learning about the effects of alcohol and drugs and their interactions with mental illness.

**INTEGRATED SERVICES.** Clinicians provide services for both mental illness and substance use at the same time.

**STAGE-WISE TREATMENT.** People go through a process over time to recover and different services are helpful at different stages of recovery.

**MOTIVATIONAL TREATMENT.** Clinicians use specific listening and counseling skills to help consumers develop awareness, hopefulness, and motivation for recovery. This is important for consumers who are demoralized and not ready to address their substance abuse issues.

**SUBSTANCE ABUSE COUNSELING.** Substance abuse counseling helps people with dual disorders to develop the skills and find the supports needed to pursue recovery from substance use disorder.

***APPENDIX B***  
**SAMPLE DOCUMENTATION**

**MENTAL HEALTH SUPPORT SERVICES**

**INDIVIDUALIZED TREATMENT/SERVICE PLAN**

Summary/Reference to the Assessment(s): Consumer is a 40-year-old African-American male who has a history of mental illness, substance abuse and psychiatric hospitalizations. The consumer is diagnosed with Depressive Disorder NOS, Cocaine Abuse, and is currently in need of Mental Health Support Services. The consumer needs assistance with attending and maintaining medical appointments, coordinating other appointments, maintaining SA appointments, and taking medication as it is prescribed in order to promote psychiatric stability. It is noted that when the consumer is using substances he does not take medication, which results in psychiatric hospitalization.

<b>DATE IDENTIFIED</b>	<b>TARGET DATE</b>	<b>DATE ACHIEVED</b>	
12-6-05	12-6-05		<b>PROBLEM/NEED #:</b> <ol style="list-style-type: none"> <li>1. Consumer has problems attending and maintaining scheduled medical appointments.</li> <li>2. Consumer has difficulty taking medication consistently as prescribed.</li> <li>3. Consumer has difficulty getting to SA appointments and maintaining abstinence from cocaine which leads to psychiatric hospitalization.</li> </ol>
			<b>GOAL #1:</b> <ol style="list-style-type: none"> <li>1-1 Consumer will adhere and follow physician's orders to promote consumer's medical stability.</li> <li>1-2 Consumer will take medication as it is prescribed by his physician.</li> <li>1-3 Consumer will attend SA appointments and not use cocaine.</li> </ol>
			<b>CONSUMER TASKS/FREQUENCY:</b> <ol style="list-style-type: none"> <li>1. Consumer will adhere and follow physician's orders in order to maintain good health over the next 12 months.</li> </ol>

			<ol style="list-style-type: none"> <li>2. Consumer will take all medications as they are prescribed over the next 12 months and inform MHSS clinician of compliance with medication on a weekly basis.</li> <li>3.               <ol style="list-style-type: none"> <li>a. Consumer will attend SA appointments as they are scheduled over the next 12 months.</li> <li>b. Consumer will not use cocaine or any other illegal substances or alcohol over the next 12 months.</li> </ol> </li> </ol>
			<p><b>STAFF INTERVENTIONS/FREQUENCY:</b></p> <ol style="list-style-type: none"> <li>1. MHSS clinician will accompany consumer to scheduled medical appointments as they are scheduled over the next 12 months. Also support and encourage medical compliance at least monthly.</li> <li>2. MHSS clinician will monitor consumer compliance with medication by weekly contacts with the consumer and inspections of the pill packs/bottles.</li> <li>3. MHSS clinician will accompany consumer to SA appointments as they are scheduled over the next 12 months. MHSS clinician will offer support to the consumer regarding drug use and how it leads to psychiatric hospitalization.</li> </ol>

**MHSS**  
**TREATMENT/PROGRESS/SERVICE NOTE**

**NAME:** Consumer

**SS#:**000-00-000

**DATE:** 2/17/06

**DURATION OF SERVICE:** 15 min **MODALITY:** MHSS

**CONTACT:** ☒ **FACE TO FACE** ☐ **PHONE** ☐ **LETTER**

**LOCATION:** ☐ OFFICE ☒ FIELD LOCATION Consumer's residence

**SERVICE FOCUS/FOLLOW-UP PLAN:**

Medical/Substance Abuse

Observation: Accompanied the consumer to his PCP appointment scheduled for this date. Consumer had to be encouraged to attend the appointment and it was explained that he needed to attend the appointment to get new prescriptions for his medications. With consumer's permission, the consumer's PCP explained changes to the consumer's medication and these changes were explained to the consumer so that he understood the importance of taking the medication as it was prescribed. When consumer returned to his residence he stated that he had had "urges" to use cocaine again and that these urges had started yesterday. It was explained again to the consumer that his use in the past led to noncompliance with psychotropic medication that, in turn, lead to psychiatric hospitalization. The importance of abstaining from cocaine as a means to maintain psychiatric stability was reinforced and the consumer stated that he understood the importance. The consumer was encouraged to report these urges at his next SA appointment, which is scheduled for Monday, February 20. Will accompany consumer to session at his request in order to discuss a relapse prevention plan. Plan: Continue to assist the consumer with maintaining compliance with medical appointments and medication. Continue to support the consumer with maintaining SA treatment and abstaining from drugs.

**SIGNATURE** \_\_\_\_\_  
(Clinician Name, Credentials)

## **MENTAL HEALTH INTENSIVE IN-HOME**

**Mental Health Diagnoses:** Bi-Polar Disorder  
**Substance Abuse Diagnoses:** Alcohol Abuse  
Marijuana Abuse

### **1. ASSESSMENT**

#### Substance Abuse History

Explain pattern of use, tolerance level, and symptoms of withdrawal:  
(Narrative Text)

**Consumer reports a history of using alcohol and marijuana two times a week for the past year. Denies ever having any significant symptoms of withdrawal from either alcohol or marijuana. Consumer reports that his tolerance has increased from 2 beers to 8 beers in order to “get high”. Marijuana use has stayed consistent during the past year, i.e. one joint per episode of use. Consumer is currently on probation due to marijuana possession charges.**

Does consumer’s substance abuse issues affect the symptoms of their Mental Health?

Disorder: (X) Yes \_\_\_ No. If yes, describe:

**Consumer reports that he does not take his mood stabilizing medications on the days that he uses alcohol and/or marijuana and experiences more manic symptoms during the time he is using and more depressive symptoms the day following his alcohol/marijuana use. These symptoms include irritability, loss of appetite, fluctuations in energy level (highs and lows), poor concentration, increase in crying spells, and oppositional behaviors toward authority figures.**

### **2. TREATMENT PLAN**

**PROBLEM STATEMENT:** Consumer is diagnosed with Bi-Polar Disorder and has significantly increased symptoms due to his alcohol and marijuana use.

**GOAL:** Consumer will demonstrate mood stability as evidenced by a reduction of manic and depressive symptoms.

**OBJECTIVE:** Consumer will abstain from alcohol and marijuana use as evidenced by consumer reporting no substance use, passing urine screens.

#### **INTERVENTIONS:**

1. Consumer and Intensive In-Home staff will develop an abstinence plan by \_\_\_\_\_.
2. Intensive In-Home staff will provide counseling on how the consumer and family can work together to implement the consumer’s abstinence plan once per week.
3. Intensive In-Home staff will provide service coordination with Juvenile Probation Officer regarding urine screens once per month.
4. Intensive In-Home staff will provide bio-psycho-social substance abuse education including interactions with psychotropic medications by \_\_\_\_\_.



5. Intensive In-Home staff will provide education to consumer and family on how substance use affects Bi-Polar Disorder by \_\_\_\_\_.
6. Intensive In-Home staff will monitor consumer's implementation of his abstinence plan including self-report of any substance use once per week.
7. Intensive In-Home staff will link consumer to his psychiatrist if substance use is reported once per month based on assessment.
8. Intensive In-Home staff will provide individual supportive counseling to address ongoing abstinence issues and to assess needs on a weekly basis.

3. **PROGRESS NOTE:**

**CURRENT SITUATION:** Consumer reported feeling down today because of a fight with a friend. He reported considering getting high but decided to try journaling instead. Consumer reported that it helped alleviate the depression "a little bit". Discussed the importance of using positive coping skills to deal with depressive symptoms and praised the decision not to use drugs. Discussed cause of fight with friend. Problem solved ways to handle peer situations in the future. Consumer agreed to continue using positive coping skills outlined in abstinence plan.

**PROGRESS RELATED TO TREATMENT GOALS:** Consumer appears to be making progress in abstaining from alcohol and marijuana use, continues to have depressive symptoms but they are not as severe.

**STAFF INTERVENTION:** IIH staff provided individual counseling regarding abstinence, provided assessment of needs, monitored implementation of abstinence plan, no linking needed today, will link back to psychiatrist after next visit if depressive symptoms are more severe.

## **MENTAL HEALTH CRISIS STABILIZATION (RESIDENTIAL)**

**Mental Health Diagnoses:** Major Depression  
**Substance Abuse Diagnoses:** Alcohol Dependence

1. **ASSESSMENT**

Substance Abuse History

Explain pattern of use, tolerance level, and symptoms of withdrawal:  
(Narrative Text)

Consumer reports a history of using alcohol daily and drinking to intoxication at least two times a week for the past five years. During the past year, he reports using Marijuana one to two times a week. The consumer denies ever having any significant symptoms of withdrawal from marijuana but has had significant enough symptoms of alcohol withdrawal that he was admitted to detoxification two times during the past five years. Consumer reports that his tolerance to alcohol has increased from 2 beers

to a half-pint of liquor in order to “get high”. Marijuana use has stayed consistent during the past year, i.e. one joint per episode of use.

Does consumer’s substance abuse issues affect the symptoms of their Mental Health Disorder?: **(X)** Yes \_\_\_ No. If yes, describe:

Consumer reports that an anti-depressant prescribed by his PCP managed his depressive symptoms until about five years ago when his alcohol use increased. He reports not taking his anti-depressant medications on a regular basis due to his alcohol and marijuana use. Consumer states he believes that using alcohol and marijuana is as effective as his anti-depressant medications. However, he does report experiencing more depressive symptoms following his alcohol/marijuana use. These symptoms include irritability, loss of appetite, decrease in energy level, and increase of psychotic symptoms.

## 2. **TREATMENT PLAN**

**PROBLEM STATEMENT:** Consumer is diagnosed with Major Depression Disorder and has increased symptoms due to his alcohol and marijuana use.

**GOAL:** Consumer will demonstrate mood stability as evidenced by a reduction of depressive symptoms.

**OBJECTIVE:** Consumer will develop an understanding of how his alcohol and marijuana use affects his depressive symptoms.

### **INTERVENTIONS:**

1. Consumer and Crisis Stabilization staff will develop a recovery plan by \_\_\_\_\_.
2. Crisis Stabilization staff will provide individual counseling daily to assist consumer in identifying resources in the community that supports his recovery plan, to assess current implementation of recovery plan, and to assess stability in program.
3. Crisis Stabilization staff will provide Recovery Groups twice a week that will focus on bio-psycho-social substance abuse education including effects of mental illness and interactions with psychotropic medications by \_\_\_\_\_.
4. Crisis Stabilization staff will provide education to consumer and family on how substance use affects Major Depression Disorder by \_\_\_\_\_.
5. Crisis Stabilization staff will link consumer to program’s medical staff regarding medication issues and physical problems daily based upon assessed need.
6. Crisis Stabilization staff will link consumer to outpatient services including psychiatrist, case management, clubhouse, weekly recovery groups and support services.

## 3. **PROGRESS NOTE:**

**CURRENT SITUATION:** Consumer reported he did not think his medication was effective and has been thinking about leaving. He reported missing his family. Consumer stated he is afraid he would have “drunk a beer” if he were at home. Discussed the impact of alcohol

on depressive symptoms and reminded consumer of information learned from group about this and the effects of drinking and taking psychotropic medications. Discussed the use of his recovery plan and ways to normalize depressive symptoms regarding missing his family. Consumer reported that writing letters to family members is on his recovery plan. He agreed to write a letter to his wife and to stay in the program. Discussed ways to deal with depressive symptoms when at home including talking to family members. Acknowledged the importance of honesty and thanked the consumer for reporting his fear that he would use alcohol if at home. Consumer acknowledged that alcohol consumption makes the depressive symptoms worse in the long run. Agreed to continue using positive coping skills outlined in recovery plan. Linked consumer to medical staff to discuss the length of time needed for current medication regimen to be effective in helping depressive symptoms.

**Progress Related to Treatment Goals:** Consumer continues to exhibit depressive symptoms; has made progress in identifying these symptoms and utilizing counseling to address them. Consumer has made progress in understanding how his alcohol and marijuana use affects his depressive symptoms and is utilizing his recovery plan.

**Staff Intervention:** Crisis Stabilization staff provided individual counseling, assisted with utilizing his recovery plan, provided education regarding how substance use affects his mental illness, linked to medical staff for addressing effectiveness of medication.

**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT (PACT) TREATMENT PLAN**

<b>A</b>	<b>DOMAIN: SHELTER</b>	Incarceration	Admission to hospital, rehab or detox	Homeless or dangerous housing	Substandard or overcrowded housing	Marginally adequate housing, e.g., too expensive or not independent	Safe, affordable housing
	<b>DATE:</b>	6	5	4	3	2	1
				3/15			

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Long hx of homelessness and residential instability, shelter stays & evictions secondary to treatment noncompliance and relapses. Some legal involvement and jail time though not recent. Entered PACT Residential 12/01 and left precipitously 7/05 after an apparent relapse and stating that he was moving in w/ a friend in recovery. Consumer would not give name of landlord or location to PACT or family reportedly to protect the anonymity of his housemate. Situation did not last and consumer now homeless in shelter. PACT assisted consumer to get back on Section 8 list (HCV). Ambivalently interested in Dual Dx Residential tx for purposes of housing but does not believe he needs tx for co-occurring substance abuse.

**SHORT TERM GOALS:** Safe appropriate shelter

**LONG TERM GOALS:** Stable sober affordable residence at appropriate LOC

#	DATE	OBJECTIVES	TREATMENT INTERVENTIONS	TARGET DATE	RESOL. DATE	WHEN/ FREQ.	WHO*
A1		Consumer will maintain safe sober appropriate shelter	PACT Case Manager (CM) will refer consumer to shelter, liaison w/ shelter staff and deployed MH/ADS staff when admitted. CM will help consumer problem-solve pros and cons of alternative residences to identify environments that will help consumer maintain sobriety and mental health.				

A2		Consumer will stay on HCV wait list until he is issued a voucher	CM will assist consumer in tracking and completing required paperwork and make appointments with DHCD staff.				
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**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT**

<b>B</b>	<b><u>DOMAIN:</u></b> <b>SOCIAL FUNCTIONING AND SOCIAL SUPPORTS</b>	Alone; OR, family absent hostile; OR serious domestic or other violence 6	Friendships are dysfunctional; OR family dysfunctional 5	Friendships are neutral; OR family is not engageable 4	Potential friends are identified; OR family engageable 3	Friendships are formed; OR family somewhat supportive 2	Warm, satisfying friendships; OR, supportive family 1
	<b>DATE:</b>				3/15		

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Consumer's parents and their respective spouses are very involved and supportive. Mother and stepfather visit weekly and both sets of parents have a pretty good understanding of mental illness. Both sets of parents struggle with understanding the dynamics of substance abuse. Consumer is friendly, has begun attending AA sporadically and has some friends, but a number of his peers are also substance using and not in recovery. Consumer has fairly good social skills, but exercises poor judgment in relationships frequently relapsing with peers. His goal is to keep socially active with friends.

**SHORT TERM GOALS:**

Maintain healthy relationships with family and friends

**LONG TERM GOALS:**

Replace dysfunctional relationships with expanded recovery support network

#	DATE	OBJECTIVES	TREATMENT INTERVENTIONS	TARGET DATE	RESOL. DATE	WHEN/FREQ.	WHO*
B1		Consumer will expand his social support network of sober peers.	CM will help consumer identify benefits/characteristics of positive peer supports and contrast with relationships with actively substance using peers. CM will help consumer identify productive daytime activity where he might meet sober peers (e.g., job readiness, volunteer work, local 12 step groups, PRS recreational drop-in activities).				
B2		Consumer will maintain positive family relationships.	CM will contact family monthly to prevent deterioration of support system. CM will provide educational material on co-occurring disorders and recommend Alanon to family. CM will invite family to PACT or CSB family educational meetings.				

### PROGRAM OF ASSERTIVE COMMUNITY TREATMENT

C	<b>DOMAIN:</b> <b>INCOME AND VOCATIONAL FUNCTIONING</b>	No income; No work	Entitlements Insufficient to Meet basic needs; AND/OR no work History or skills	Adequate Entitle- ments with No work	Adequate entitle- ments; AND some work, or retired with some activity	Adequate entitle- ments AND Work that could enable partial freedom from entitlements	Competitive employment with a plan to reduce dependence on entitlements
	<b>DATE:</b>	6	5	4	3	2	1
				3/15			

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Consumer has maximum benefits w/ SSI, Medicaid & Medicare. Consumer's M is his payee and PACT assisted consumer manage his money with twice weekly allowance withdrawals, but after consumer relapsed in Dec he wanted more control over his funds. Consumer's ATM card was returned to payee as consumers' spending was not consistent with recovery and he no longer accepted PACTs assistance with his money management. Consumer has expressed fleeting interest in work or volunteering with poor follow thru. Although he acknowledges that his unstructured time contributed to his relapse and initially agreed to vocational structure, he has refused to follow thru or accept assistance. Consumer currently states that he is unable to work due to leg pain, which has not curtailed his mobility for other social activities and for which he has been prescribed a narcotic pain reliever.

**SHORT TERM GOALS:** Maintain entitlements  
**LONG TERM GOALS:** Volunteer or part-time work

#	DATE	OBJECTIVES	TREATMENT INTERVENTIONS	TARGET DATE	RESOL, DATE	WHEN/ FREQ.	WHO*
C1		Consumer will maintain entitlements	CM will liaison with payee and assist consumer in tracking Medicaid/ Medicare/SSA correspondence, recertifications, or appointments with eligibility workers.				
C2		Consumer will consider volunteer or part-time work AEB naming three personal benefits he could receive thru paid or volunteer work.	CM will help consumer identify areas of vocational interest, barriers to volunteer or employment, and ways in which substance use may be stunting his vocational development.				

**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT**

D	<b><u>DOMAIN:</u> PSYCHIATRIC SYMPTOMS</b>	Dangerously psychotic, suicidal, homicidal or behaviorally deranged	Acutely psychotic, persistent ideas of harm to self or others but without intent	GAF<40. Functional limitations secondary to reversible psychiatric sx's.	GAF<60, >40 Functional limitations secondary to reversible psychiatric sx's	Symptoms are at an intensity which produces GAF>60 with no major role dysfunctions	Symptom-free for 3 months. Functioning approaching full potential with minimal intervention. No adult role dysfunction.
			5	4	2	1	
	<b>DATE:</b>				3/15/06		

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Consumer has a long history of partial or noncompliance with out patient treatment. His last hospitalization was 1/2004 when he became psychotic after the return of polydipsia. Since his admission to PACT he has been available for treatment much more consistently, even though he was more evasive at the time of the December 2005 relapse. His goal is to “stay mentally healthy” and continue treatment with PACT.

**SHORT TERM GOALS:** Maintain psychiatric stability  
**LONG TERM GOALS:** Implement a full personal recovery plan

#	DATE	OBJECTIVES	TREATMENT INTERVENTIONS	TARGET DATE	RESOL. DATE	WHEN/ FREQ.	WHO*
D1		Consumer will keep all psychiatrist appointments	CM will assist consumer to attend appointments. Psychiatrist will arrange field visits when needed and schedule follow up appointments at frequency commensurate with current mental status and no less than monthly.				
D2		Consumer will identify at least four steps he can take to “stay mentally healthy”	CM will provide symptom/med ed and education on interaction of MI/SA, assist consumer in identifying stressors and supports, and provide supportive therapy and reinforcement of positive steps. CM will refer to recovery group				



**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT**

<b>E</b>	<b><u>DOMAIN:</u> SUBSTANCE USE DISORDER SYMPTOMS</b>	Dependence or abuse so severe as to jeopardize life, welfare or freedom	Daily use that clearly impairs physical or mental health	Periodic abstinence attempts with multiple failures OR No recovery program	Early abstinence: (less than 30 days) OR No recovery program	Drug/ETOH-free For greater than 30 days with recovery program	Drug/ETOH-free Greater than 90 days. Recovery program is solid
	<b>DATE:</b>	6	5	4	3	2	1

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Consumer has an extensive hx of substance abuse and unsuccessful inpatient/residential treatment. He has had multiple relapses with serious consequences including legal difficulties, social and occupational dysfunction and homelessness. He has had at least six relapses on alcohol, cocaine, or crack cocaine since 2002. Most recently he relapsed in December thru February and appears currently to be clean and sober without a strong recovery plan. Consumer appears to remain ambivalent about recovery and states his goal is to “Try to abstain...and try to go to AA meetings.”

**SHORT TERM GOALS:** Report any use and obtain a sponsor  
**LONG TERM GOALS:** Sober life with a solid recovery plan

#	DATE	OBJECTIVES	TREATMENT INTERVENTIONS	TARGET DATE	RESOL. DATE	WHEN/FREQ.	WHO*
E1		Consumer will participate in dual diagnosis psycho-education AEB meeting with PACT DD Specialist twice weekly	CM & DD Specialist will provide 1:1 and group education on MI/SA, relapse prevention, and recovery concepts vs. abstinence and the relationship of these topics to consumer’s personal hx. CM/DDS will link w/ 12-step group and PACT staff will assist consumer to attend. CM/DDS will ed re use of sponsor and assist consumer to obtain sponsor.				

E2		Consumer will maintain a safe presence in the community	CM and PACT staff will assess consumer's MS q contact and look for s/s of intoxication. PACT and assist consumer in securing 24 hour detox admission or other intervention appropriate to LOC needs.				
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**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT**

F	<b><u>DOMAIN:</u> MEDICAL CONDITION AND PRIMARY CARE</b>	Terminal illness present 6	Acute or critical illness present 5	Serious illness present 4	Significant illness present OR Consumer refuses medical treatment 3	No significant illnesses 2	Symptom-and disease-free AND consumer received preventive care 1
	<b>DATE:</b>				3/15		

\*\*Compliance with medical care: GOOD FAIR POOR (Choose One)

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Consumer gets annual physicals and has had extensive dental work in the last year. He has Hepatitis C, is obese, and was recently diagnosed with arthritis. He had been complaining of leg pain and was placed on a muscle relaxant around the time of his December relapse. He has been hesitant to keep PACT apprised of doctor visits , acknowledging that he doesn't like that the consultation forms from PACT include his diagnoses and admitting that he wants a narcotic pain prescription for his leg. He did receive some brief PT for his leg and states his goal is to get therapy for his leg.

**SHORT TERM GOALS:** Keep medical appointments and follow MD recommendations

**LONG TERM GOALS:** Improve overall health

#	DATE	OBJECTIVES	TREATMENT INTERVENTIONS	TARGET DATE	RESOL. DATE	WHEN/ FREQ.	WHO*
F1		Consumer will follow medical recommendations coordinated with PCP and psychiatrist	PACT RN will provide consultation sheets for medical visits. CM/DDS will provide education re: importance of self-disclosing SA dx and seeking medical tx's supportive of recovery (e.g. wgt loss, PT, and non-addictive rx). Psychiatrist will review labs & consultation sheets and rx follow through.				

**PROGRAM OF ASSERTIVE COMMUNITY TREATMENT**

G	<b>DOMAIN:</b> <b>INSTRUMENTAL FUNCTIONING</b>	Lacks basic self care skills to meet needs for food, shelter, sanitation	Skills are insufficient to consistently meet needs for food, shelter, sanitation	Meets basic needs for food, shelter, and sanitation. Lacks problem solving and/or communication skills	Self care skills good; problem solving and communication skills inconsistently applied	Can make basic decisions and assert self; can meet basic needs adequately and consistently	Functions in the community independently and uses community resources adequately and consistently
	<b>DATE:</b>	6	5	4	3	2	1
					3/15		

**ASSESSMENT SUMMARY & PROBLEM STATEMENTS:** Consumer's basic self-care skills are good and when he was in PACT residential he maintain the apartment adequately with prompts. His problem solving skills are inconsistent (e.g., impulsivity & poor judgment usually related to substance abuse and abusing peers; difficulty hearing and using negative feedback) and his hygiene falters when he is actively using and spending more time with negative peer influences. He states that his goal is to keep good hygiene.

## **MENTAL HEALTH CRISIS STABILIZATION (RESIDENTIAL)**

**Mental Health Diagnoses:** Major Depression  
**Substance Abuse Diagnoses:** Alcohol Dependence

### **1. ASSESSMENT**

#### Substance Abuse History

Explain pattern of use, tolerance level, and symptoms of withdrawal:  
(Narrative Text)

**Consumer reports a history of using alcohol daily and drinking to intoxication at least two times a week for the past five years. During the past year, he reports using Marijuana one to two times a week. The consumer denies ever having any significant symptoms of withdrawal from marijuana but has had significant enough symptoms of alcohol withdrawal that he was admitted to detoxification two times during the past five years. Consumer reports that his tolerance to alcohol has increased from 2 beers to a half-pint of liquor in order to “get high”. Marijuana use has stayed consistent during the past year, i.e. one joint per episode of use.**

Does consumer’s substance abuse issues affect the symptoms of their Mental Health Disorder?: **(X)** Yes \_\_\_ No. If yes describe:

**Consumer reports that an anti-depressant prescribed by his PCP managed his depressive symptoms until about five years ago when his alcohol use increased. He reports not taking his anti-depressant medications on a regular basis due to his alcohol and marijuana use. Consumer states he believes that using alcohol and marijuana is as effective as his anti-depressant medications. However, he does report experiencing more depressive symptoms following his alcohol/marijuana use. These symptoms include irritability, loss of appetite, decrease in energy level, and increase of psychotic symptoms.**

### **2. TREATMENT PLAN**

**PROBLEM STATEMENT:** Consumer is diagnosed with Major Depression Disorder and has increased symptoms due to his alcohol and marijuana use.

**GOAL:** Consumer will demonstrate mood stability as evidenced by a reduction of depressive symptoms.

**OBJECTIVE:** Consumer will develop an understanding of how his alcohol and marijuana use affects his depressive symptoms.

#### **INTERVENTIONS:**

1. Consumer and Crisis Stabilization staff will develop a recovery plan by \_\_\_\_\_.

2. Crisis Stabilization staff will provide individual counseling daily to assist consumer in identifying resources in the community that supports his recovery plan, to assess current implementation of recovery plan, and to assess stability in program.
3. Crisis Stabilization staff will provide Recovery Groups twice a week that will focus on bio-psycho-social substance abuse education including effects of mental illness and interactions with psychotropic medications by \_\_\_\_\_.
4. Crisis Stabilization staff will provide education to consumer and family on how substance use affects Major Depression Disorder by \_\_\_\_\_.
5. Crisis Stabilization staff will link consumer to program's medical staff regarding medication issues and physical problems daily based upon assessed need.
6. Crisis Stabilization staff will link consumer to outpatient services including psychiatrist, case management, clubhouse, weekly recovery groups and support services.

3. **PROGRESS NOTE:**

**CURRENT SITUATION:** Consumer reported he did not think his medication was effective and has been thinking about leaving. He reported missing his family. Consumer stated he is afraid he would have "drunk a beer" if he were at home. Discussed the impact of alcohol on depressive symptoms and reminded consumer of information learned from group about this and the effects of drinking and taking psychotropic medications. Discussed the use of his recovery plan and ways to normalize depressive symptoms regarding missing his family. Consumer reported that writing letters to family members is on his recovery plan. He agreed to write a letter to his wife and to stay in the program. Discussed ways to deal with depressive symptoms when at home including talking to family members. Acknowledged the importance of honesty and thanked the consumer for reporting his fear that he would use alcohol if at home. Consumer acknowledged that alcohol consumption makes the depressive symptoms worse in the long run. Agreed to continue using positive coping skills outlined in recovery plan. Linked consumer to medical staff to discuss the length of time needed for current medication regimen to be effective in helping depressive symptoms.

**Progress Related to Treatment Goals:** Consumer continues to exhibit depressive symptoms; has made progress in identifying these symptoms and utilizing counseling to address them. Consumer has made progress in understanding how his alcohol and marijuana use affects his depressive symptoms and is utilizing his recovery plan.

**Staff Intervention:** Crisis Stabilization staff provided individual counseling, assisted with utilizing his recovery plan, provided education regarding how substance use affects his mental illness, linked to medical staff for addressing effectiveness of medication.